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## Facsimile Cover Sheet

**MEDTRONIC LAW DEPARTMENT - CONFIDENTIAL**

**Attention:** Centralized Fax Number  
**Company:** United States Patent and Trademark Office  
**Telephone:** 703-305-5261  
**Facsimile:** 703-872-9306  
**Application No.:** 09/843,638  
**Filing Date:** April 26, 2001

**From:** Keith M. Campbell, Esq.  
**Telephone:** 763-505-0405  
**Facsimile:** 763-505-0411  
**Our Ref. No.:** P-9596.00US

**Date:** April 12, 2004

**Pages (including cover page):** 16

**Comments:**

Attached please find the following documents for filing with regard to the above-identified application:

1. 2 pg Transmittal
2. 1 pg Associate Power of Attorney
3. 12 pg Amendment and Response

If you have any questions, please contact me at the number listed above.

Keith M. Campbell, Esq.

### NOTICE

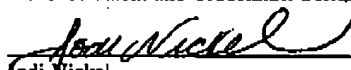
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PATENT  
Docket No.: P-9596.00US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Scott J. Davis et al. Group Art 3762  
Unit:  
Application No.: 09/843,638 Examiner: Kristen L. Droesch  
Filing Date: April 26, 2001 Due Date: April 12, 2004  
For: Implantable Therapy Delivery Element Adjustable Anchor

**CERTIFICATE OF MAILING OR TRANSMISSION** I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on April 12, 2004.

  
Jodi Nickel

TRANSMITTAL LETTER

Attn: Kristen L. Droesch  
Centralized Facsimile Number 703-872-9306  
Mail Stop: Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

We are transmitting herewith the attached:

- ☒ Transmittal Letter (in duplicate)  
☒ Response to Office Action  
☐ Petition for Extension of Time  
☒ Associate Power of Attorney  
☐  
☒ Return Receipt Postcard


FEE CALCULATION	No. of Claims Filed	Highest No. of Claims Previously Paid for	No. of Extra Claims	Rate	Fee
Total Claims	45	- 45 =	-0-	x \$18	\$ -0-
Independent Claims		- =		x \$86	\$
Multiple Dependent Claims				+ \$290	\$
TOTAL					\$-0-

*Application No.: 09/843,638*

- ☒ Please charge Deposit Account No. 13-2546 \$ for additional claims fees and \$ for petition fees, for a total of \$-0-.
- ☒ Please charge any additional fees or credit any overpayments to Deposit Account No. 13-2546, which may have been overlooked on this Transmittal Letter with regard to this filing. A duplicate of this Transmittal Letter is enclosed.

Respectfully submitted,

Date: April 12, 2004

  
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